MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/199.342	10-31-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7						
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
(15)	1					
16		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	24					
TOTAL CLAIMS	27					

		IND.	DEP.	IND.	DEP.	IND.	DEP.
	51						
	52						
	53						
	54						
	55	1					
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	57						
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	100						
	TOTAL IND.						
	TOTAL DEP.						
	TOTAL CLAIMS						